

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

591449

FILING DATE

6-9-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2		1				
3		1				
4		1				
5		1				
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50						
TOTAL NO.	5					
TOTAL DEF.	12					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
TOTAL DEF.						

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